

State Office Building
ANNAPOLIS, MARYLAND 21401

STATE OF MARYLAND

DEPARTMENT OF
WATER RESOURCES

APPLICATION MUST BE SUBMIT-
TED AND PERMIT RECEIVED BE-
FORE DRILLING IS STARTED.

APPLICATION FOR PERMIT TO DRILL WELL New Well 8210

Owner Lester R. Summers

Street or R. F. D. 17 Gerhart Ave.

Post Office Ephrata, Penna.

Quantity of Water to be Produced 10 Gallons Per Minute

Total Quantity Needed For Use 1000 Gallons Per Day

Use for Water Home

Approximate Depth of Well (feet) 70

Method of Drilling to be used Wash

Is this a Replacement Well? YES - No
If YES, indicate date abandoned well is to be sealed: _____

and by whom: _____

Shore Well Drillers, Inc.

Drill Donald S. Newman Number 51

Street or R. F. D. Cecilton, Md.

Post Office Cecilton, Md.

Date 5/4/68 **CE BE 81**

Location of Well County Cecil

Subdivision _____

Section _____ Lot _____

Nearest Town Elkton

Distance from Town 3 mile

Direction from Town West

Description of Location of Well

(This information MUST BE ACCURATE, and should be definite enough to permit locating well on a county map.)

Near what road Md. U.S. 40

On which side of road North

(North, East, South, West)

Distance from road 1/4 mile

Draw a sketch below showing location of well in relation to nearby towns, roads and streams with NORTH in the direction of the arrow, and give distance from well to nearest road (town or stream crossing shown on the sketch. Distances may be approximate, but must be indicated.

NORTH

NORTH
EAST



PERMIT TO DRILL WELL
(Not To Be Filled In By Driller)

Well Permit No. CE-68-W-199

Samples of Cuttings Required by Department: Yes No

Owner Requires Permit to Appropriate Water: Yes No

Owner Has Permit to Appropriate Water: Yes No

Appropriation Permit No. _____

The applicant is herewith granted a permit to drill this well subject to the conditions stipulated.

Raul W. McKee May 5-7-68
Director Date

THIS PERMIT IS NOT TRANSFERABLE
WITHOUT WRITTEN PERMISSION FROM THE DEPARTMENT
Special conditions that must be observed: _____

County Permit No. _____

Health Department Approval of Application

Cecil County Department of Health

or ☐ State Department of Health
Approved by Donald S. Moore (P)

Title Supervising Sanitarian

Date May 6, 1968

SURVEY

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